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Abstract

A report of a county committee to investigate programs and problems related to learning disabilities reviews areas which were examined. Consideration is given to the work of the committee and its division into subcommittees, to the dilemma of defining learning disabilities, and to solutions for dealing with handicapped children, including special classes and regular class placement. Supportive services, aids, and resource teachers are considered to assist regular teachers. The responses of 31 of 43 public school districts in the county concerning practices for children with learning disabilities are summarized. Recommendations for research and field trips made by H. Carl Haywood are presented as are his suggestions for planning and developing programs. The suggestions of the committee and a list of members are included. (RJ)

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# LEARNING DISABILITIES RECONSIDERED

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# LEARNING DISABILITIES RECONSIDERED:

## A Report of the Wayne County Committee for the Study of Children With Learning Disabilities, 1967-1969

March 1969

AN IDEA IN MOTION Publication of the Consortium of Advanced Educational Thinking, Wayne County Intermediate School District, Detroit, Michigan

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Dr. William Sosnowsky

Mr. Ronald Somers

Mrs. June England

Mr. Leo Dworkin

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# FOREWORD

The Wayne County Study of Children with Learning Disabilities held its first Steering Committee Meeting on October 10, 1967. The Committee was convened as the result of the joint planning of the Chair of Innovation, The Consortium of Advanced Educational Thinking Services and Training Research Program and the expressed concern by leadership persons within most of the school districts in the country.

The leaders represented general as well as special educational curricular, administrative, psychological and other related disciplines. Many Wayne County Intermediate School District staff members shared common concerns and agreed that lending support or providing leadership to any specific direction for programming within these district(s) was not justifiable at this time. Careful study of the literature, attendance at lectures and conferences as well as visits to "special" programs, indicated at least three areas which magnified the confusion.

These included:

1. Over sixty different descriptive phrases were quickly identified as currently referring to "children with learning disabilities."

2. Some states and some local communities have placed the responsibility for programming under the aegis of special education. Others felt these children should not be specially labeled and should be planned for within the regular school program.

3. Many individuals with specific program orientation had materials and/or a methodology to sell.

After much discussion with local school personnel, the Wayne County Intermediate School District Superintendent approved a two-year study of the problem. The use of funds and staff time was distributed between special and general education and the Title III Project: "Increasing the Number and Originality of Educational and Cultural Innovations in Wayne County, Michigan."

The Steering Committee (*) selected represented all leadership echelons within school districts and included those persons who had expressed concern pertaining to appropriate programs. The statement of the problem which follows was distributed at an initial meeting:

*See Membership.

October 10, 1967

**WAYNE COUNTY INTERMEDIATE SCHOOL DISTRICT**

*PROBLEM*:

Many disciplines are contributing a continuous flow of findings and recommendations relating to the behavior deviation and learning ability of children with special learning disabilities.

There are many reasons set forth by these contributors for the deviant behavior and recommendations made for educational change. The two elements common to most of these are: (1) lack of ability to read at the time or at a level expected by the school or parent; and (2) that this inability is due to a perceptual problem. These perceptual problems and/or handicaps are variously labeled: cerebral dysfunction, minimal brain injury, autistic behavior, neurological disorganization, "dysgraphic," "interjacent," "word-blind," "aphasic," "dyslexic," educational handicap, cerebral imbalance, endocrine disturbance or chemical imbalance, underdevelopment of directional function, hyperkinesis, emotional disturbance, and others.

The recommendations for overcoming these perceptual problems usually include a teaching technique and/or educational material. These proposed techniques and materials are nearly as numerous as the previous listing of handicaps. Each of the techniques and materials probably has some worth. However, the questions are: What relationship do they have to the problem?, and How is their effectiveness determined?

The major problem which confronts all who have responsibility for providing education for such children is that of evaluation. This evaluation must include a study of: (1) The manner in which the child learns; (2) The worth and effectiveness of the methods and materials provided for the child; and (3) The degree of effectiveness of the child's total educational experience.

Many local school systems react to various pressures in initiating programs to which the children assigned are not adequately diagnosed. Inappropriate programs are developed as a result.

We propose a study and action program designed to provide opportunities for local districts to improve programs for children with special learning disabilities. The use of experts, research findings and study combined with the best thinking of local district educators will be the elements considered in the approach to the issues involved.

The Steering Committee subdivided to attack the problem:

The Steering Committee–

a. Planning Committee

b. Survey of present programs and practices

c. Program evaluation, development and instrumentation.

d. Visits and demonstrations.

e. Communication and dissemination.

f. County descriptive study.

The total committee thrust for the first year was self-education with recommendations for program implementation the second year.

The total group effort for the first year included:

continuous review of research and literature.

use of local and out-of-state resource persons.

study of definitions and identification processes.

This brochure represents the composite thinking of those involved in the study to date.

## THE DILEMMA OF DEFINITION

The learning disabilities movement has had a notable impact on the current education scene. It has solidified many disparate parent groups into one national organization with a consensus of purpose and definition. The same cannot be said for educators. Hence, the Wayne County Steering Committee for Children with Learning Disabilities was established to explore the problem.

Professional attempts at defining "Learning Disabilities" have been difficult and inconclusive. A recent definition states: Learning disability refers to one or more *significant deficits* defined in terms of accepted diagnostic procedures in education and psychology in essential *learning processes*. Those currently referred to in behavioral science as involving perception, integration and expression, either verbal or nonverbal requiring *special educational techniques for remediation* (refer to educational planning based upon diagnostic procedures and results). Children with a learning disability generally demonstrate a *discrepancy*

between *expected* and *actual* achievement in one or more areas such as: spoken, read or written language, mathematics, and spatial orientation. The learning disability referred to *is not primarily* the result of sensory, motor, intellectual or emotional handicaps, or lack of opportunity to learn. (Emphases ours.)

The definers appear to be divided into two camps: those that support a definition that is applicable to an educational setting, and those that prefer a medical model (brain-damage, neurological impairment, etc.).

Dr. James J. Gallagher, Associate Commissioner, Bureau of Education for the Handicapped, U.S.O.E., is a proponent of a psychoeducational definition which focuses on a definition of ability patterns rather than of specific abilities. His definition states:

> Children with Developmental Imbalances are those who reveal a developmental disparity in psychological processes related to education of such a degree (often 4 years or more) as to require the instructional programming of developmental tasks appropriate to the nature and level of the deviant developmental process.

Gallagher asserts that the educator's interest is in function rather than structure; his definition thus has little to do with assumptions about neurological etiology.

A warning given by James Gallagher[1] is pertinent to the concern of the Wayne County Study of Children With Learning Disabilities:

> The definition should not result in a paralyzing reduction of professional anxiety. The tranquilizing effect on a profession of the application of some distinguished label and accompanying description such as . . . minimal brain injury is too well known to require extended comment. These terms describe extraordinarily vague entities, explain nothing, and lead to no clear description as to what should be done. *They provide only a false sense of order and knowledge.* (Emphases ours.) J. J. Gallagher

While Gallagher's definition is framed for an educational setting, the role of medicine, however, is not denied in any sense; for he insists that children with developmental imbalances should receive the best and most complete medical diagnosis and care. The important contributions that are and can be made by medical specialists are fully acknowledged.

[1]Quoted from a letter received by the Executive Secretary of the Steering Committee, October, 1968.

## THERE WAS MUCH TO LEARN ABOUT OUR COUNTY

Information about existing programs was not readily available. Persons working in a program in School A had no idea what kind of programs were in effect in School B or C. It soon became apparent to the members of the Wayne County Committee for the Study of Children With Learning Disabilities that a survey of current diagnostic tests, procedures and resulting practices in the county would provide valuable information.

## IS IT REALLY A LEARNING DISORDER?

The danger of diagnosis and definition is this: As long as we discover "disabilities" in the child we may feel that his exceptionality serves to distinguish him from other children. We categorize him; and thus, through the diagnostic process, we set the child apart from his peers. Frequently this occurs in the physical as well as the psychological sense.

A general definition is fraught with the dangers of semantic elasticity. Currently, the popularly held concept of Learning Disabilities and its numerous permutations is all things to all men. It has been a new avenue for the over-anxious parent to get more out of an already adequately functioning child. It has been a new avenue for the glib to create anxiety. It has been a tragic avenue for the pseudo-specialist to exercise his belief that people can be deceived. It has been an avenue for tranquilizing the concern about children by teachers and administrators. It is also an avenue to avoid the direct and difficult task of ameliorating the problems of many children. However, with care and caution it can be an avenue for helping many children.

As one reads the current literature, one is overwhelmed with the vast ramifications of learning disabilities. As "deficits" and symptoms continue to be isolated, it is seen that a generalization regarding learning disabilities will require an explication of terms. Diagnostic procedures and criteria, a taxonomy of specific disabilities, longitudinal and cross-sectional concerns require examination as they pertain to the individual child.

Another current concern regarding the definition of "Learning Disabilities" is the implied exclusion of children variously termed "deprived," "disadvantaged," etc. It is logical that an overgeneralized concept should be excluded by one that is equally overgeneralized. The criterion needed is that the child does not appear to be functioning normatively in the school environment and community in which he finds himself.

A definition then must:

- sharpen the image of those children to be observed and help distinguish them from others who have different problems.

– provide implications for teacher education and training.

A definition then should:

– suggest diagnostic methods and remedial procedures;

– suggest administrative patterns; and,

– alert the educator to the fact that he has the major responsibility, as the educational specialist, for the nature of the educational program.

A common solution to the problems of children with "learning disabilities" in school has been to establish special classrooms for special children. A child with a learning disability would be assigned to a class for children with learning disabilities, or, if enough children were available, a school for children with learning disabilities would be established. On the surface this would appear to be a solution to the problem. However, it really presents a serious dilemma.

The Learning Disability Class or the Learning Disability School can and has been termed educationally indefensible, unethical, immoral and unconstitutional. Lloyd M. Dunn, writing in "Exceptional Children" attacks the practice of establishing special classrooms for exceptional children. He states:

> In my view, much of our past and present practices are morally and educationally wrong. We have been living at the mercy of general educators who have referred their problem children to us. And we have been generally ill prepared and ineffective in educating these children. Let us stop being pressured into continuing and expanding a special education program that we know now to be undesirable for many of the children we are now dedicated to serve.

But the regular elementary classroom teacher is confronted with thirty or more exceptional children all day every day. How does the regular classroom teacher deal with the individual differences of children in the classroom? This is very difficult, yet it is becoming more essential that he do so. The teacher is faced with these problems, all of which influence his ability to work effectively with children:

Lloyd M. Dunn. "Special Education for the Mildly Retarded–Is Much of It Justifiable?" *Exceptional Children,* September, 1968, pp. 5-22.

1. He may not have adequate information concerning the abilities of each child.

2. Having the information, he may not have opportunities in the press of day-to-day teaching to adequately work with each child.

3. He may not have the specialized materials, or the command of specialized techniques necessary to work with each child.

*PERHAPS THERE'S A CURRICULUM DISORDER!*

If the establishment of special classrooms for children with learning disabilities is indefensible, yet adequate instruction in the regular classroom is impossible under present circumstances, what, then are some ways of treating this *curriculum disorder*? How can children with learning problems be helped, yet be kept in the mainstream of education as well as in the mainstream of a diverse society? How can we as educators fulfill our obligation to the child as an individual learner, and at the same time fulfill our ethical and moral responsibilities which require the assurance of the child's legitimate status in the school and in society?

It appears that a combination of several curriculum approaches will better treat the curriculum disorder that affects a number of our children.

*WE PREFER TO BE ECLECTIC*

Regular classroom placement of the child, with *direct supportive services to the classroom teacher* as well *as direct services to the child* seem to be indicated. *By providing* these supportive services most children should be able to function adequately within the regular classroom.

Differentiated instructional programs, in-class grouping and individual assistance to the child appear to have promise. To assist the classroom teacher in differentiating and individualizing instruction, intensive inservice education in both methods and instructional materials seems imperative. A further method showing promise employs the paraprofessional as the teachers' assistant. This frees the teacher of the necessary, non-instructional tasks attached to classroom management, and allows the teacher to direct his skill and knowledge to the individual child at the time and to the degree that is required.

Many youngsters need more attention and intensive specialized work than is usually possible in the classroom. For these, a Resource Teacher or a Helping Teacher, who works with individual children during a portion of the school day might be available. The Resource or Helping Teacher might also be a materials and methods consultant to the classroom teacher.

These combinations of services—offered directly to the child, as well as indirectly through the classroom teacher—appear to satisfy some of the criteria assumed by the Committee.

## SURVEY OF PRACTICES

A mail and telephone survey of practices in the districts in Wayne County revealed interesting information regarding programs and services for children with learning disabilities. Of the 43 public school districts in Wayne County 31 responded to one or both of the survey procedures.

The surveys provided some general information regarding services to learning disability children in the county:

1. In spite of the utilization of testing instruments, teacher referral was the most common referral procedure.

2. Results of diagnostic testing were used primarily as a means of:

   a) organizing groups within classrooms

   b) referral for special consultant services to the identified children

   c) referrals for special consultant services to the classroom teacher.

3. Practices that were felt to be most beneficial for children in order of preference included:

   a) referrals for special consultant services to the classroom teacher

   b) referral for special consultant services to the identified children

   c) organizing groups within present classroom setting

   d) supplying the classroom teacher with special instructional materials.

4. Data indicated practices that classroom teachers preferred in order of preference:

   a) referrals for special consultant services to the classroom teacher

   b) supplying classroom teacher with special instructional material

   c) organizing groups within classrooms

   d) referral for special consultant services to the identified children.

5. The survey indicated that the single most important factor in improving educational practices for these youngsters would be an increase in inservice teacher training in helping a variety of children within the regular classroom setting.

To generalize from the results of the survey and the above data, it might be concluded that there was a surprising amount of interest in the problems of children with learning disabilities in this county. There was also a variety of diagnostic techniques being utilized in a variety of programs and practices.

It seemed evident, however, that there was no direct relationship between the diagnostic procedures or the diagnostic data and the type of program or service that was provided either for teachers or for children. For example, it was found that given a somewhat specific diagnosis different school districts might deem different programs to be appropriate. The relationship between diagnosis and program was absolutely unclear. No single pattern of service was identified nor was there any consistency in the provision of programs or services based upon specific diagnoses.

## HAYWOOD'S OBSERVATIONS

Dr. H. Carl Haywood, Kennedy Associate Professor of Psychology, George Peabody College, spent a day with the Committee and guests as part of the "self-learning" aspect of the Committee's efforts. The observations below are excerpted from two presentations by Dr. Haywood: "The Perceptually Handicapped: What Every Teacher Should Know", and "Promising Programs for the Perceptually Handicapped."

There are two kinds of relevant research in the area of learning disabilities. In the first area there are no significant studies. This consists of *describing* a group of children, not now enrolled in special education, and intensely studied on a wide range survey base. There should be early emphasis in the Wayne County study in this area. Many school districts are doing *something* although not usually based upon research.

The second area is laboratory experimentation. The three research centers where we could see anything but segregated classes which look much like EMR or emotionally disturbed are:

Northwestern—Myklebust in the School of Speech, Department of Communication Disorders, is screening about 5,000 Evanston school children, some of whom are thought to have learning disabilities. Emphasis is equipment oriented.

Purdue—Kephart program is worth seeing because so many school districts are involved.

University of California (UCLA)—Frostig's clinical teaching methods and materials.

Dr. Haywood strongly suggested that some members of the steering committee should visit these programs.

There has been an explosion in relevant literature in the past three or four years. Some suggested resources include:

Johnson and Myklebust, *Learning Disabilities, Educational Principals and Problems;*

Myklebust, *Progress in Learning Disabilities;*

Frierson and Barbe, *Educating Children with Learning Disabilities;*

A group at UCLA distributes packets of materials, articles and sample program materials.

*Prescription must precede treatment.* The number of children learning in a peculiar way who fall outside special education programs may be 15 to 20 percent of the total school population. This should not constitute another special class category. Since we must start with some bias, Dr. Haywood suggests that techniques must be developed for regular classroom teachers which can be used within the regular classroom. Our task is to integrate parts and parcels into some broad based attack.

The very existence of this committee is realistic evidence that we don't know what to do. We simply don't know the best way to deal with the problem. In fact the profession does not have a clear definition of the problem. As an immediate approach, Dr. Haywood suggests the resource room concept where a child can go for some period of the day for specific help but remains a part of the regular class. Even children who require more time in a special room should be included in all social and recreational activities of the regular classroom.

Dr. Haywood is not convinced that the problem is reducible to organic problems. Learning disabilities and cultural deprivation are not mutually exclusive. Therefore, we should not rely upon national incidence figures. We should set up a *local* incidence study. We should deal with standard deviation from norms on a local base. At least one standard deviation from the norm for age level and IQ level tells who is learning inadequately. Exact areas of deficit should be defined. Mental retardation, emotional disturbance and sensory handicap should be separated out. Cultural deprivation should not be separated. Prediction at early ages (preschool) is just not good enough. The "way out" youngsters are identified. Early screening is not good in predicting special learning disabilities. A danger exists, however, in assuming that a child "will grow out of it." Conversely, there is a danger in "over-doctoring." Start with children already in school and expand in both directions. Rely on individual readiness rather than chronological age.

The increasing dialogue and cooperation between psychology and education will have great impact on learning and motivation. Educators

must become more sophisticated in psychological attitudes and language.

Ideally one should teach to strengths in order to get at weaknesses. If a child has impaired auditory perception, don't ignore teaching through the auditory modality. Simultaneous attack should occur through other modalities.

Don't be too eager to segregate. Insist on good diagnostic workups. If it's a problem to individualize for two or three children in a regular classroom, think of putting ten of these youngsters together in a special room, part of the school day.

No training methods being used are intrinsically damaging to children. The only danger is "doing something" instead of a diagnostically oriented, more appropriate, approach—thus keeping the child from help for a longer time.

There is no particular modification necessary in regular classrooms in order to get needed data. The screening committee can see that tests are given, receive descriptions from teachers, rating scales, etc. Part of inservice education for regular teachers should encompass behavior observation, behavior rating, recording relevant categories. *Teachers can be trained to do these without cost in time.*

In developing intensive inservice programs for teachers, the following areas should be included:

Understanding of gross and functional anatomy of the nervous system,

Lectures on psychopathology,

Criteria for making a further referral,

Careful review of programs which attempt to help children with specific problems, and

Brush-up on psychometrics.

We must develop a multi-disciplinary approach to the problem. This means calling upon the medical specialists immediately.

Finally, Dr. Haywood suggested a concentrated assessment of teacher characteristics. What are the characteristics of a successful teacher for students with various kinds of special learning disabilities?

**AT THIS POINT THE COMMITTEE ENCOURAGES:**

*A spirit of continuing inquiry*—It is acknowledged that all of the facts are not in. Perhaps the right questions have not yet been asked, certainly the answers to those questions that *have* been asked are not complete. The field of LEARNING DISABILITIES IS AT ONCE PROMISING, CONTROVERSIAL AND REPLETE WITH THEORIES THAT LACK EMPIRICAL EVIDENCE. Continuing inquiry must be a first priority activity of educators interested in this field.

*A spirit of openmindedness*—Current and traditional educational practices, as well as some of the "new" and "modern" practices must be scrutinized to determine whether or not they may be *contributing* to learning disabilities in children. It is likely that children with learning disabilities who may require special education provisions are considerably fewer than current estimates suggest. Attention needs to be given to the testing of hypotheses that have been generated by the Committee's inquiry.

*Caution*—While it is recognized that many children require help now and must not have to wait until more is known about the field, caution is urged to avoid the embarassment of the recent mesmerization with the now defunct theory of neurological organization. To develop programs and services—even in the spirit of inquiry—without professionally responsible restraints may jeopardize the future of hundreds, perhaps thousands of children.

A delicate weighting of the three factors above—inquiry, openmindedness and caution—must be reached in the processes of developing action programs for children.

*Action—Inaction* is as irresponsible a response to the problems studies as is *irresponsible action*.

Thus the Committee encourages action in these respects:

Development of a philosophical basis for program design that respects the individual child, that leads toward both physical and psychological integration rather than segregation, and that is based upon a psychoeducational model that gives direction for the development of appropriate programs and services.

Review and evaluation of presently available diagnostic and instructional materials in regard to specificity and appropriateness, as well as consistency with the above philosophy. The Committee found that there was almost no relationship between the diagnostic procedures or the diagnostic data and the type of materials or methods utilized.

Contact with appropriate resources and consultant services. Outstanding in this area are:

Wayne County Professional Resource and Materials Center (E.S.E.A. Title II) Phone: (313) 274-2600, Ext. 39

Wayne County Intermediate School District Consultants in Special Education, Curriculum Development, Research, Elementary Education, Reading. Phone: (313) 224-5595 or 224-5585

Instructional Materials Center for Handicapped Children and Youth, U.S.O.E., 216 Erickson Hall, Michigan State University, East Lansing Michigan 48823. Services include Idea Series (Clearing House for Teacher's Ideas), Computer Assisted Question and Answer Service, Teacher Information Service and Evaluation of Materials

*Standards for Educational and Psychological Tests and Materials* (American Psychological Association, 1200 17th Street, N.W., Washington, D.C. 20036–Price $1.00).

**WAYNE COUNTY INTERMEDIATE SCHOOL DISTRICT**

**Wayne County Study of Children with Learning Disabilities**
**1967-1969**

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